

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038750

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5248

STATE FILE NUMBER

FILED OCT 25 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 28 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2224 Forest Ave.		d. STREET ADDRESS (If outside, give location) 2224 Forest Ave.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Hill Last Hill		4. DATE OF DEATH Month 10 Day 13 Year 62	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-04
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason Tender		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ABE Hill		13b. MOTHER'S MAIDEN NAME Mary Hibbler	
14. NAME OF HUSBAND OR WIFE Thelma Hill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Thelma Hill 2224 Forest Ave.		17. ADDRESS Thelma Hill 2224 Forest Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 Hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____ Death occurred at _____ _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		_____ and last saw her alive on _____ _____	
22a. SIGNATURE Arthur M. Brady M.D. (Degree or title)		22b. ADDRESS 2039 Brooklyn Ave.	
22c. DATE SIGNED 10/15/62		22d. LOCATION (City, town, or county) Kansas City, Mo. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-17-62	23c. NAME OF CEMETERY OR CREMATORY Blueridge Lawn	
24. FUNERAL DIRECTOR Jones & Stevens 2315 Linwood		25. DATE RECD. BY LOCAL REG. 10-16-62	
26. REGISTRAR'S SIGNATURE Beth Long		27. _____	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Arthur M. Brady Medical Certification

VS 300
Rev. 4/59

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1290-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Manlove

Licensed Embalmer No. 3994

P. O. Address 3712 E 30th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.